



APPLICATION FOR DOG/PUPPY ADOPTIONS

Welcome to the Loudoun County
Department of Animal Care & Control

We are pleased that you have decided to give a homeless animal a second chance! The purpose of our adoption program is to find responsible life-long homes for animals suitable as family pets. In order to help ensure that the proposed adoption is in the best interest of both the animal and you, please complete the following application.

Thank you for your cooperation, and for caring about the animals!

PLEASE PRINT CLEARLY!

Name of Primary Applicant: _____

Name(s) of any other adults living at the same address (first & last): _____

Are you 21 or older? YES / NO

If no, are you at least 18 years old? YES /NO

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phones: Home: _____ Work: _____ Cell: _____

E-mail address: _____ Driver's License Number: _____

Adopter's place of employment: _____

Name of LCACC adoption counselor who showed you the pet you wish to adopt: _____

Do you live in: ☐ house ☐ apartment ☐ duplex ☐ condo ☐ townhouse ☐ in parents' home

Do you own the home you currently live in? _____ If you rent or your residence has animal restrictions, please read the box below:

For applicants who rent or who live in a condominium complex/homeowner's association:

What restrictions does your landlord/association have regarding pet, such as weight, type or quantity? _____

Name of apartment or condominium complex: _____

Landlord/Property Manager Name: _____ Telephone #: _____

If a pet deposit is required, we will need to see proof that it has been paid. We will also need written permission from your landlord/association for you to have this pet prior to finalizing the adoption.

How many adults live in your home (all names must be listed above)? _____

How many children live in your home? _____ Ages of children: _____

Do you frequently have children visit your home? _____

Do you expect any of the following to happen in the near future: ☐ moving ☐ new baby
☐ acquisition of other pets ☐ job change/transfer ☐ marriage/divorce ☐ other _____

How many hours a day will the dog/puppy be left alone? _____ Where? _____

Where will it stay when you are not at home? INDOORS OUTDOORS BOTH/EITHER

How do you plan on confining the dog to your property when it is outside? _____

Why do you want to adopt this particular dog? _____

What behavior(s) would you find undesirable? ☐ excessive barking ☐ jumping ☐ digging
☐ chewing ☐ other (please describe) _____

What would you do if your adopted dog started exhibiting such behavior? _____

Have you ever applied for, or adopted an animal from this shelter? ☐ Yes ☐ No

Have you ever brought animals to a shelter? ☐ Yes ☐ No If yes, why? _____

Do you or anyone living in your household have allergies to dogs? ☐ Yes ☐ No

Do you have any pets at this time? ☐ Yes ☐ No If so, please list their information below (please ask for additional paper to list other animals, if necessary):

What kind of animal is it?	Name	Age	Is it spayed/ neutered?	Does it live primarily inside, outside or both?	Is it current on its rabies vaccination? (proof may be required)	Does it have a current license?

Have you had any other pets within the past 3 years? ☐ Yes ☐ No If so, what were they and what happened to them (please be specific)? _____

Who is your current veterinarian? _____ Phone: _____

What prompted you to come to the shelter today? ☐ Television Show ☐ Family/Friend
☐ Internet ☐ Newspaper ☐ Radio Show ☐ Community Event ☐
Veterinarian ☐ Other (please be specific): _____

Do you understand that you are required to have your dog vaccinated against rabies, and that your local jurisdiction may require the dog to be licensed every year? ☐ Yes ☐ No

Do you understand and agree that if for some reason you could no longer keep this dog, you must return it to the Loudoun County Department of Animal Care & Control? ☐ Yes ☐ No

Please read and initial each of the following statements carefully and sign below:

_____ I certify that I have never been convicted of animal cruelty, neglect or abandonment, as required pursuant to Virginia Code Section 3.1-796.96 and Section 612.16 of the Codified Ordinances of Loudoun County.

_____ I understand and agree that the Loudoun County Department of Animal Care & Control makes no representations or guarantees about any animal's health, temperament, and/or behavior. All applicants further understand and agree that any information about an animal (i.e. "animal is good with children," "housebroken") is based upon information provided by the previous owner and is believed to be true. All applicants understand and agree that the Loudoun County Department of Animal Care & Control and the County of Loudoun are not liable for any future injury or damage which may be caused by this animal.

_____ I understand and agree that I have a legal obligation to provide the animal I am adopting with whatever prompt veterinary intervention the animal needs to avoid pain and suffering, at my own expense, including any conditions known to the Department, such as: _____

_____ I understand that the Loudoun County Department of Animal Care & Control will not be responsible for any medical expenses once the animal leaves the shelter, nor will the Department of Animal Care & Control be responsible for any additional spay/neuter fees beyond the actual surgery itself. I further understand that it is my responsibility to contact the veterinarian performing the surgery and determine what, if any, extra fees will apply.

_____ I certify that all information provided herein is correct and accurate to the best of my knowledge and that should any information change I will immediately contact the shelter, and I understand that my application may be denied if any of the information provided herein is false.

Applicant's signature: _____ Date: _____

Co-owner signature: _____ Date: _____

The dog/puppy you are interested in adopting is a Level _____, which requires the following additional adoption requirements (at minimum):

Levels 1 & 2	No additional requirements unless dog has "Special Needs"
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Level 3: Levels 1/2 PLUS: Staff will evaluate dog's/puppy's suitability with children/pets in the household
Attendance at behavioral class may be required

Level 4: Level 3 PLUS: Adopters must be 21
Dogs/puppies must be indoor pets only - no outside dogs
Adopters must attend behavioral class
Meet & greet recommended

Level 5: Level 4 PLUS:

- Adopters must be Loudoun County residents
- All family members must meet the dog & attend training class
- Mandatory Home checks required
- No first time dog owners
- Veterinary reference required

"High Risk": Level 5 PLUS: Mandatory meet & greet with other dogs

Special Needs: _____

Adoption Reservation Receipt

Please note: all adoptions are subject to a 24-72 hour adoption-processing period.
No animal may leave the shelter the same day it is adopted, and no animal may go to its new adoptive home before it has been spayed/neutered.

Animal ID#: _____ Breed: _____ Color: _____

Age: _____ Sex: _____ Name: _____ Date Available: _____

This is a: First Hold _____ Second Hold _____ Other _____

Adoption Fee* _____ ☐ Paid with application ☐ To be paid on finalizing
Paid by: Cash _____ Check No. _____

***NOTE: \$5.00 of your adoption fee is a nonrefundable processing fee.**

In order for your application to be processed and approved, we will need the following:

- ☐ Landlord's/Property Manager's written permission ☐ Home check ☐ Vet reference
- ☐ Proof of current pets' vaccination/licensing status ☐ Signature/approval of co-applicant(s)
- ☐ Out-of-county agency check (specify County, State): _____
- ☐ Behavioral class/consultation (specify appointment date/time) _____
- ☐ Meet & greet (specify appointment date/time) _____
- ☐ Other: _____

Please return on _____ at _____ AM / PM to finalize your adoption.

If the adopted animal is already spayed/neutered: you may take the animal home after you have finalized the adoption. Please bring an appropriate leash or carrier (for cats or small animals).

If the adopted animals is NOT already spayed/neutered: The animal is scheduled to be spayed/neutered on: _____ (date) at _____ (vet). Please contact the veterinarian scheduled to perform the surgery to discuss any additional testing or other procedures they may require or recommend (LCACC will not be responsible for any such costs). Also, please plan on picking the animal up from the veterinarian's office (bring an appropriate leash or carrier (for cats or small animals)).

Questions? Please call us at (703)777-0406.

FOR OFFICE USE ONLY

- ☐ Computer Checked ☐ Home Check Ordered ☐ Adoption APPROVED
- ☐ Adoption Approved PENDING: ☐ LLD approval ☐ co-applicant signature
- ☐ current animals: proof of vaccinations/license(s) ☐ county agency check

☐ other: _____

☐ Adoption DENIED due to: _____

Reviewer's signature: _____ Date: _____